

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 845077 (7)

1. Corporation Name
LEARY CONSTRUCTION COMPANY, INC.



Principal Place of Business: **32 EAST PIERSON STREET GREENFIELD IN 46140**
Mailing Address: **32 EAST PIERSON STREET GREENFIELD IN 46140**

3. Date Incorporated or Qualified: **01/28/1980**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **35-0802865**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24 Country: 25
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWAIN, CATHERINE G. PA
347 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEARY, DOROTHY E	
STREET ADDRESS	2963 W. U.S. 40	
CITY-ST-ZIP	GREENFIELD, IN 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEARY, CHARLES D	
STREET ADDRESS	1849 S. ROAD 100 E.	
CITY-ST-ZIP	GREENFIELD, IN 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAILEY, DANIEL W	
STREET ADDRESS	640 1/2 STATE ST.	
CITY-ST-ZIP	GREENFIELD, IN 00000	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	LEARY, LINDA S.	
STREET ADDRESS	1849 S. ROAD 100 E.	
CITY-ST-ZIP	GREENFIELD IN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINDA S. LEARY	
1.3 STREET ADDRESS	1849 S. ROAD 100 E.	
1.4 CITY-ST-ZIP	GREENFIELD, IN 46140	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel W. Bailey SECRETARY 7/13/96 317-467-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)

CR2E034 (12/95)